

ORIGINAL

AO 240 (Rev. 07/10) Application to Proceed in District Court Without Prepaying Fees or Costs (Short Form)

CV 14

5211

## UNITED STATES DISTRICT COURT

for the

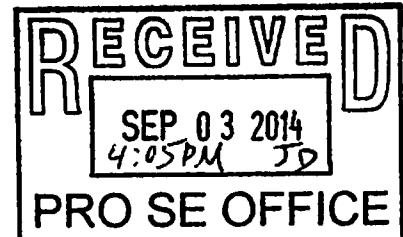
Ruthby Pérez

Plaintiff/Petitioner

Frontier Airlines

Defendant/Respondent

Civil Action No.

APPLICATION TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING FEES OR COSTS  
(Short Form)

I am a plaintiff or petitioner in this case and declare that I am unable to pay the costs of these proceedings and that I am entitled to the relief requested.

COGAN, J.

In support of this application, I answer the following questions under penalty of perjury:

BLOOM, M.J.

## 1. If incarcerated. I am being held at:

If employed there, or have an account in the institution, I have attached to this document a statement certified by the appropriate institutional officer showing all receipts, expenditures, and balances during the last six months for any institutional account in my name. I am also submitting a similar statement from any other institution where I was incarcerated during the last six months.

## 2. If not incarcerated. If I am employed, my employer's name and address are:

*at JFK, Swissport JFK -*

*Global Society*

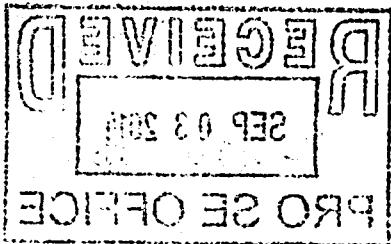
My gross pay or wages are: \$ 477.50, and my take-home pay or wages are: \$ 422.23 per  
(specify pay period) 2 weeks. 184. every week.

## 3. Other Income. In the past 12 months, I have received income from the following sources (check all that apply):

- (a) Business, profession, or other self-employment
- (b) Rent payments, interest, or dividends
- (c) Pension, annuity, or life insurance payments
- (d) Disability, or worker's compensation payments
- (e) Gifts, or inheritances
- (f) Any other sources

- |                              |  |
|------------------------------|--|
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |

If you answered "Yes" to any question above, describe below or on separate pages each source of money and state the amount that you received and what you expect to receive in the future.



LA MODE

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4. Amount of money that I have in cash or in a checking or savings account: \$ none.

5. Any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value that I own, including any item of value held in someone else's name (describe the property and its approximate value):

none

6. Any housing, transportation, utilities, or loan payments, or other regular monthly expenses (describe and provide the amount of the monthly expense):

Rent 1,133.44 monthly  
Cable, house phone, internet 126.00 monthly  
long distance 150.00 monthly

7. Names (or, if under 18, initials only) of all persons who are dependent on me for support, my relationship with each person, and how much I contribute to their support:

Michael Perez - son student  
Christopher Perez - son student

8. Any debts or financial obligations (describe the amounts owed and to whom they are payable):

medical bills 710.00 to HealthCare哲 group

*Declaration:* I declare under penalty of perjury that the above information is true and understand that a false statement may result in a dismissal of my claims.

Date:

9/3/2014

Michael Perez  
Applicant's signature

Michael Perez  
Printed name

**PERSONAL AND CHECK INFORMATION**

RUTHBEY PEREZ  
41 46 50TH STREET  
APT 2B  
WOODSIDE, NY 11377

**EARNINGS**

Soc Sec #: XXX-XX-XXXX Employee ID: 9979  
Hire Date: 10/24/13  
Status: PT  
Filing Status:  
Federal: Single, 2  
State: NY, Single, 2  
Div/Br/Dept: 100/1000/100

	DESCRIPTION	HRS/UNITS	RATE	CURRENT (\$)	YTD HRS/UNITS	YTD (\$)
	HOURLY	47.75	10.0000	477.50	983.21	8945.81
	HOLIDAY				12.50	168.71
	SICK				6.00	60.01
	NIGHT DIFFERENT				25.39	127.71
	PASSENGER VERIF				89.02	890.01
	RETRO				10.00	90.01
	<b>HOURS WORKED</b>	<b>47.75</b>				<b>1008.60</b>
	<b>ADJ EARNINGS</b>			<b>477.50</b>		<b>9366.31</b>
	<b>GROSS EARNINGS</b>	<b>47.75</b>		<b>477.50</b>	<b>1126.12</b>	<b>9366.31</b>

Pay Period: 08/09/14 to 08/22/14

Check Date: 08/29/14 Check #: 69958

TIME OFF (Based On Policy Year)

DESCRIPTION	AVAILABLE	USED
SICK PAY -	13.331	6.000 HOURS

**NET PAY ALLOCATIONS**

DESCRIPTION	CURRENT (\$)	YTD (\$)	DESCRIPTION	CURRENT (\$)	YTD (\$)
Check Amount	<u>422.23</u>	<u>8060.92</u>	FEDERAL W/H	8.71	244.41
Net Pay	<u>422.23</u>	<u>8060.92</u>	OASDI	29.61	580.71
			MEDICARE	6.92	135.71
			STATE W/H NY	4.87	121.31
			STATE SDI NY	1.20	21.61
			NY 2010-NYCNY	3.56	59.51
			<b>TOTAL</b>	<b>55.27</b>	<b>1163.31</b>

## &gt;&gt;&gt; MESSAGES &lt;&lt;&lt;

YOUR SALARY IS PAID FOR BY THE  
CLIENTS OF GLOBAL SECURITY  
Payrolls by Paychex, Inc.

0408-M674 GLOBAL SECURITY CONSULTING GRP ■

**NET PAY****CURRENT (\$)**

422.23

**YTD (\$)**

8060.9: